

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028410

FILED
Apr 18, 2008
Secretary of State

Entity Name: LEGACY ONE FINANCIAL, LLC

Current Principal Place of Business:

8359 BEACON BLVD.
SUITE 114
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD.
SUITE 114
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 11-3659377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPUANO, THEODORE A
8359 BEACON BLVD
SUITE 114
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

JEKEL, JOSEPH F
8359 BEACON BLVD
SUITE 114
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH F JEKEL

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPUANO, THEODORE A
Address: 8359 BEACON BLVD., SUITE 114
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR () Delete
Name: JEKEL, JOESPH F
Address: 8359 BEACON BLVD., SUITE 114
City-St-Zip: FT. MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JEKEL, JOSEPH F
Address: 8359 BEACON BLVD., SUITE 114
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR (X) Change () Addition
Name: CAPUANO, THEODORE A
Address: 8359 BEACON BLVD., SUITE 114
City-St-Zip: FT. MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH F JEKEL

MGR

04/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date